

### **Application Information**

Application Number:: 10/625,829

Filing Date:: 07/22/03

Application Type:: Regular

Subject Matter:: Utility

Title:: SYSTEM AND METHOD FOR

CONTROLLING NEUROLOGICAL

DISORDERS WITH SPATIALLY SEPARATED DETECTION AND

THERAPY LOCATIONS

Attorney Docket Number:: N09-03

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 10

Formal Drawings?::

Small Entity?:: Yes

Petition Included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Benjamin D.

Family Name:: Pless

City of Residence:: Atherton

Page # 1 Supplemental 10625829 07/22/03 03/05/04

State or Province of Residence:: CA

Street of mailing address:: 1375 Shorebird Way

City of mailing address:: Mountain View

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert E.

Family Name:: Fischell

City of Residence:: Dayton

State or Province of Residence:: MD

Street of mailing address:: 14600 Viburnum Drive

City of mailing address:: Dayton

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 21036

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David R.

Family Name:: Fischell

City of Residence:: Fair Haven

State or Province of Residence:: NJ

Street of mailing address:: 71 Riverlawn Drive

City of mailing address:: Fair Haven

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07704

## **Correspondence Information**

Correspondence Customer Number::

26876

# Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	39,878	Clarke A. Wixon

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/724,805	11/28/00
09/724,805	Continuation-in-part of	09/543,264	04/05/00
09/724,805	Continuation-in-part of	09/373,676	08/13/99
09/724,805	Continuation-in-part of	09/628,977	08/02/00
09/628,977	Continuation of	09/450,303	11/29/99
09/450,303	Continuation of	08/957,869	10/27/97

# **Assignee Information**

Assignee Name::

NeuroPace, Inc.

City of mailing address::

Mountain View

State or Province of mailing address::

CA